

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY'S FEES OR OTHER GOVERNMENT SERVICES WITHOUT PAYMENT OF FEES

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF US v. Miguel Ocon FOR APR 24 2008 FILED

AT MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

PERSON REPRESENTED (Show your full name) Miguel Ocon

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

DOCKET NUMBERS
 Magistrate OKC 235
 District Court
 Court of Appeals

1 Defendant—Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other

FILED

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	APR 24 2008		
	Name and address of employer: <u>MICHAEL T. MASON</u>	IF NO, give month and year last employed <u>UNITED STATES MAGISTRATE JUDGE</u>		
	IF YES, how much do you earn per month? \$ <u>How much did you earn per month?</u>			
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$		
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	OTHER INCOME IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	\$ RECEIVED <u>1,000</u>	SOURCES <u>Excursion - 2000 - Stolen - Insurance payout</u>	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ <u></u>		
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION	
OBLIGATIONS & DEBTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents <u>0</u>	List persons you actually support and your relationship to them	
	DEBT & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME <u>Cell Phone</u> <u>Clothes, Food</u>	Creditors	Total Debt
				Monthly Pymt.

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

4/25/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Miguel Ocon